

It's *Your* Benefit

Health insurance and other benefit programs for state and local employees and retirees



Medicare D Prescription Drug Coverage for Retirees and "Creditable Coverage"

Most retirees who are Medicare beneficiaries are well aware that Medicare Part D prescription drug coverage goes into effect on January 1, 2006. In September 2005 the Department of Employee Trust Funds (ETF) notified retired participants covered under the state's Group Health Insurance Program that because the prescription drug coverage offered to them was "creditable," they did not have to sign up for a Medicare Part D plan. This means that the state's coverage has been determined by the Group Insurance Board's actuary to be as good as, if not better than, Medicare Part D's basic level of coverage.

A *Notice of Creditable Coverage* can be found on pages B-10 and B-11 of the 2006 *It's Your Choice*

booklet. It is also posted on the ETF Internet site at the following address: http://etf.wi.gov/members/creditable_coverage.pdf

Several retirees have contacted ETF seeking a personal letter stating that their prescription drug coverage is creditable. The Department has confirmed that the notice in the annual *It's Your Choice* booklet meets the disclosure notice requirements provided by the federal government. The guidance specifically states the following:

- Entities have flexibility in the form and manner of providing the notice to beneficiaries;
- The notice need not be sent as a separate mailing;
- The notice may be provided with other plan

Medicare, continued on page 2

Mail Order Program Helps Save Money on Prescription Drugs

I'm leaving town for three months. What should I do about getting my prescriptions filled while I'm gone? Keep in mind that the Navitus pharmacy network includes nearly every independent pharmacy located within Wisconsin, many independent pharmacies throughout the nation, as well as more than 130 regional and national chains. For more information, please consult the pharmacy network listings on the Navitus Internet site, <http://www.navitus.com>, under the Pharmacy Directory menu. You may also contact Navitus Customer Service toll-free at 1-866-333-2757. It's a good idea to print a copy of the list and keep it as a reference in the event you need prescriptions filled while traveling.

In addition, many members find our prescription drug mail order service to be a convenient, money-saving way to take care of their medication needs while away from home. You can receive the following quantities of medication through the mail order service:

- Up to a 90-day supply for most maintenance (on the formulary) medications. Quantity limits may apply to certain medications.
- Up to a 90-day supply for controlled substances.

The use of mail order service is generally recommended only for maintenance medications, rather than medications that will only be needed on a short-term basis (e.g., antibiotics for an acute illness). The mail order service is not mandatory. It is voluntary and can result in substantial savings for members.

To register for mail order service, contact Prescription Solutions toll free at 1-800-562-6223 to obtain an enrollment form. You will be required to mail an original prescription or have your health care provider fax or call in a prescription directly to Prescription Solutions in order to initiate this service. Please begin this process at least 14 days prior to running out of your medication.

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Medicare, continued from page 1

participant information materials (including enrollment and/or renewal materials); and

- The entity may provide a single disclosure notice to the covered Medicare individual and all Medicare eligible dependent(s) covered under the same plan.

Important Note: Retirees of a local government entity participating in the Group Health Insurance Program do not need a *Notice of Creditable Coverage* because they are being asked to enroll in a Medicare Part D prescription drug plan, DeanCare Rx.

If you are a retired state employee covered under our health insurance program, questions concerning your prescription drug coverage should be directed to Navitus, toll-free, at 1-866-333-2757.

Retired local government employees should direct Medicare Part D coverage questions to DeanCare Rx, toll-free, at 1-888-422-3326.

Reminder: Send Copy of Your Medicare Card

When you or your insured family members become enrolled in Medicare, it is very important to send a copy of the Medicare card to ETF, along with the completed *Medicare Eligibility Statement* (ET-4307). Make a photocopy of the card and enclose a note stating the Social Security number and name of the person who is the subscriber. Mail the materials to ETF, P.O. Box 7931, Madison, WI, 53707-7931. We appreciate your cooperation in providing this important information to us.

Watch for Important Health Information

At this time of year, it's a good idea to watch your mailbox for important health insurance information or communications. For instance:

- If you changed plans during the Dual-Choice enrollment period, you should have received a new identification (ID) card. If you haven't received a new card, contact your health plan.
- If you have covered dependents over age 19 but under age 25, you must annually verify with your plan that they are full-time students or disabled.

You should have received a letter and form from your health plan and returned the form to the plan declaring your dependent's status. If you haven't responded, your dependent may be terminated effective January 1. If you did not complete the form, contact your employer to add your dependent back onto your coverage. If you are not sure if you've completed the form, contact your health plan.

- If you added or deleted dependents, you should have received a new Navitus ID card.

Employee Reimbursement Account Program Reminder and Update

Participants in the Employee Reimbursement Accounts (ERA) Program who have medical expense accounts should remember that there is a grace period following the end of the 2005 plan year. Medical expenses incurred through March 15, 2006, may be reimbursed with funds remaining from the 2005 plan year.

The grace period applies to medical expense accounts only. Dependent care expenses must still be incurred by December 31, 2005, to be reimbursed from 2005 funds. The deadline for submitting claims for expenses incurred during the 2005 plan year, including the grace period, is April 15,

2006. Both medical expense and dependent care claims must be received by the administrator — Fringe Benefits Management Company (FBMC) — or post-marked by the April 15 deadline to be reimbursed from 2005 funds.

Expanded Customer Service Hours

FBMC has extended its customer service hours to include Saturday service during January, February, and March 2006. Representatives will be available each Saturday between 7:00 a.m. and 4:00 p.m., Central Standard Time. Dial toll free 1-800-342-8017, or send an e-mail to:

webcustomerservice@fbmc-benefits.com

Getting the Most from a Visit to Your Healthcare Provider

Be prepared in advance of your next visit to your healthcare provider. Too many of us simply nod our heads through the entire appointment, leaving with more questions than we had when we arrived. If you are to become a wise consumer of healthcare, you're going to need to know how to make the most of your visit to the doctor. The guidelines outlined below can go a long way toward ensuring that you not only get the care you need, but also leave the office with questions answered and feeling good about the recommended course of treatment.

Before Your Visit:

Decide what you want before the appointment. Are you looking for a diagnosis? Do you need reassurance about your condition? Are you seeking information about new developments on your condition?

Make a list. After deciding what you want from the visit, write it down. You may end up with several goals for the visit, so prioritize the list and ask the most important questions first. Review the list with someone familiar with your condition — he or she may come up with additional good questions.

Practice before the visit. Rehearsing your questions will make them easier to ask and will help you articulate your goals.

During Your Visit:

Ask questions with confidence. Tell your healthcare provider right away that you have a list of things to discuss. Don't be afraid to be bold — it's not uncommon for some patients to "clam up" once they're in the office, but don't let it happen to you. If you are unclear about the answer, ask for an explanation. Don't be intimidated or feel like you're taking too much of your healthcare provider's time. Your health is the most important thing you have. You absolutely must get proper care,

have your questions answered satisfactorily, and feel confident in your course of treatment after the visit.



Take part in decisions

about your care. Healthcare providers often get little input from the patient during the process. This can lead to treatment goals that aren't right for the patient or the patient's lifestyle. Again, it comes down to what you — the consumer — want from your visit. Are you looking for aggressive treatment or an easy way to manage your condition? How do you feel about new procedures? What would increase your quality of life the most? Keep these and other questions in mind when taking part in decisions about your care.

Ask your provider to sum up the visit before leaving the room. It's important to leave the office with key points for moving forward. You may want to ask, "What are the most important things I need to remember after I leave?" Write down these main points on a notepad while still in the office. Don't feel like writing the points down? You should — a recent study found that patients forgot 80% of what the doctor told them as soon as they left the office. Even worse: Half of what they remembered was incorrect.

Ask for resources. Your provider's office is full of resources to help you better understand your condition. Ask for a pamphlet covering your condition so you can further self-educate on proper care. Your provider may also know of other reliable information in print or electronic format that can be accessed outside of the office for little or no cost.

Cancer Screenings Can Save Your Life

According to the U.S. Centers for Disease Control (CDC), more than 500,000 people a year die from cancer in this country, making it the second leading cause of death. The chance of having cancer over a lifetime is 45% for men; 41% for women. Smoking cessation, weight control, healthy eating, and regular exercise are all ways to reduce your risk of cancer, but early detection is the key to saving your life.

The CDC advises women to ask their doctors about breast self-examinations, mammograms, Pap tests and pelvic exams and men to ask their doctors about digital rectal exams, prostate specific antigen tests and testicular self-exams. Both women and men should ask their doctors about colonoscopies.

How does my health plan rate in terms of offering important cancer screenings? Review page E-34 of your 2006 *It's Your Choice* booklet for important information on the performance of participating health plans on three cancer screening measures: breast cancer screening, cervical cancer screening and colorectal cancer screening. These measures, developed and maintained by the National Committee for Quality Assurance, are the most widely used set of performance measures in the managed care industry.

Breast Cancer Screening Measure

Did women 52 to 69 years old have a mammogram within
Screenings, continued on page 4



the last two years? Mammography screening has been shown to reduce mortality by 20-30% among women age 50 and older. Overall, 79.9% of eligible women in an ETF-participating Health Maintenance Organization (HMO) received the appropriate screening, compared to 73% of eligible women in health plans nationwide.

Cervical Cancer Screening Measure

What percentage of women ages 21 to 64 had at least one Pap test during the past three years? Cervical cancer is one of the most preventable and curable of all cancers. Overall, 84.4% of eligible women in an ETF-participating HMO received the appropriate screening, compared to 80.9% percent of eligible women in health plans nationwide.

Colorectal Cancer Screening Measure

Did adults age 50 to 80 have an appropriate screening for colorectal cancer? Colorectal cancer is the second

leading cause of cancer-related death in the United States. Overall, 57% of eligible men and women in an ETF-participating HMO received the appropriate screening, compared to 49% of eligible men and women in health plans nationwide.

For information on cancer screenings and self-screenings, visit the following Internet sites:

U.S. Centers for Disease Control

<http://www.cdc.gov/cancer>

Medical Information About Breast Cancer

<http://www.breastcancer.org>

The Mayo Clinic

<http://www.mayoclinic.com/health>

The American Urological Association

<http://www.urologyhealth.org>

National Committee for Quality Assurance

<http://www.ncqa.org>

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